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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEES TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/536,714-Conf. #4670
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 9, 2006
TOTAL AMOUNT OF PAYMENT (\$ 1,278.00)		First Named Inventor	DEBRUYNE, Kristine
		Examiner Name	KAHELIN, Michael
		Art Unit	3762
		Attorney Docket No.	22409-00324-US

<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____			
<input type="checkbox"/> Deposit Account	Deposit Account Number 22-0185			Deposit Account Name Connolly Bove Lodge & Hutz LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments					

<b>FEES CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>			<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
<b>2. EXCESS CLAIM FEES</b>								
<u>Fee Description</u>					<u>Small Entity Fee (\$)</u>			
Each claim over 20 (including Reissues)					52			26
Each independent claim over 3 (including Reissues)					220			110
Multiple dependent claims					390			195
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>				
29	- 20 or HP = 9	x 52	= 468					
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>					
2	- 3 or HP =	x	=					
HP = highest number of independent claims paid for, if greater than 3.								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____	= _____					
<b>4. OTHER FEE(S)</b>								
Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00								

<b>SUBMITTED BY</b>								
Signature	/Michael G. Verga/		Registration No. (Attorney/Agent)	39,410	Telephone	(202) 331-7111		
Name (Print/Type)	Michael G. Verga		Date	February 17, 2010				